



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE
QCA Health Plan, Inc.

NAIC Group Code	4807 (Current Period)	4807 (Prior Period)	NAIC Company Code	95448	Employer's ID Number	71-0794605
Organized under the Laws of	Arkansas		State of Domicile or Port of Entry	AR		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	04/08/1996		Commenced Business	07/31/1996		
Statutory Home Office	12615 Chenal Parkway, Suite 300 (Street and Number)		Little Rock, AR, 72211 (City or Town, State, Country and Zip Code)			
Main Administrative Office	12615 Chenal Parkway, Suite 300 (Street and Number)		Little Rock, AR, 72211 (City or Town, State, Country and Zip Code)			
Mail Address	12615 Chenal Parkway, Suite 300 (Street and Number or P.O. Box)		Little Rock, AR, 72211 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	12615 Chenal Parkway, Suite 300 (Street and Number)		Little Rock, AR, 72211 (City or Town, State, Country and Zip Code)			
Internet Website Address	www.qualchoice.com		(501)228-7111 (Area Code) (Telephone Number)			
Statutory Statement Contact	Randall Crow (Name) randall.crow@qualchoice.com (E-Mail Address)		(501)219-5109 (Area Code)(Telephone Number)(Extension) (501)228-0135 (Fax Number)			

OFFICERS

Name	Title
Michael Edward Stock	President
Randall Alvin Crow	Treasurer
Charles Hanson	Secretary

OTHERS

Joni Self Daniels, Vice President-Operations
Betty Jo Tatum-Himes, Vice President - Sales & Marketing
Win Hammerly M.D., Vice President - Medical Affairs

DIRECTORS OR TRUSTEES

Mark Fred Bjornson
Philip Linwood Foster
David Allen Sorenson
Steven Charles Schramm
Charles Hanson

State of Arkansas
County of Pulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Michael Edward Stock	(Signature) Randall Alvin Crow	(Signature) Charles Hanson
(Printed Name) 1. President	(Printed Name) 2. Treasurer	(Printed Name) 3. Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2018
a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached
Yes[X] No[]

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals	1,004,686	881	411			1,005,979
Group Subscribers:						
SLR Health/CSR Healthcare	32,856					32,856
Davis Hull & Rowden LLC dba Sonic	38,183					38,183
Federal Employees Health Benefits Plan	50,916					50,916
0299997 Subtotal - Group Subscribers:	121,955					121,955
0299998 Premiums due and unpaid not individually listed	77,310	2,019	1,942			81,272
0299999 TOTAL Group	199,265	2,019	1,942			203,227
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,203,951	2,900	2,353			1,209,206

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Optum Rx	391,298	390,816	397,873	1,173,556	1,173,556	1,179,987
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	391,298	390,816	397,873	1,173,556	1,173,556	1,179,987
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	391,298	390,816	397,873	1,173,556	1,173,556	1,179,987

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	2,192,454	2,427,269		2,353,543	2,192,454	2,127,062
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	2,192,454	2,427,269		2,353,543	2,192,454	2,127,062

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
0199999 Total - Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered	60,399	17,481	7,000	3,180	4,189	92,249
0399999 Aggregate Accounts Not Individually Listed - Covered	409,635	118,556	47,473	21,570	28,415	625,649
0499999 Subtotals	470,034	136,037	54,473	24,750	32,604	717,898
0599999 Unreported claims and other claim reserves						18,206,947
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						18,924,845
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
QualChoice Life and Health Insurance Company, Inc.	323,747					323,747	
0199999 Total - Individually listed receivables	323,747					323,747	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	323,747					323,747	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
QualChoice Health Plan Services		242,135	242,135	
0199999 Total - Individually Listed Payables	X X X	242,135	242,135	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	242,135	242,135	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		<div>NONE</div>			
9999999 TOTALS .....		.....	... X X X .....	... X X X .....	... X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	199,239	.....	133,274	65,965	65,965	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment	1,848,352	.....	1,795,732	52,620	52,620	.....
6.	TOTAL	2,047,591	.....	1,929,006	118,585	118,585	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: QCA Health Plan Inc. 2. LOCATION: N/A
BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code 4807

NAIC Company Code 95448

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	57,408	37,899	18,941				568			
2. First Quarter	45,050	24,826	19,695				529			
3. Second Quarter	44,677	24,249	19,892				536			
4. Third Quarter	45,957	24,670	20,745				542			
5. Current Year	45,523	23,714	21,252				557			
6. Current Year Member Months	545,128	294,973	243,703				6,452			
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	444,183	269,842	168,666				5,675			
8. Non-Physician	473,138	197,000	266,662				9,476			
9. TOTAL	917,321	466,842	435,328				15,151			
10. Hospital Patient Days Incurred	20,150	15,059	4,642				449			
11. Number of Inpatient Admissions	4,691	3,493	1,151				47			
12. Health Premiums Written (b)	199,360,309	113,517,081	83,243,365				2,599,863			
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	199,360,309	113,517,081	83,243,365				2,599,863			
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	172,104,601	105,204,437	64,813,505				2,086,659			
18. Amount Incurred for Provision of Health Care Services	162,251,681	95,833,494	64,356,287				2,061,900			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4807 NAIC Company Code 95448

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	57,408	37,899	18,941				568			
2. First Quarter	45,050	24,826	19,695				529			
3. Second Quarter	44,677	24,249	19,892				536			
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5. Current Year	45,523	23,714	21,252				557			
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9. TOTAL	917,321	466,842	435,328				15,151			
10. Hospital Patient Days Incurred	20,150	15,059	4,642				449			
11. Number of Inpatient Admissions	4,691	3,493	1,151				47			
12. Health Premiums Written (b)	199,360,309	113,517,081	83,243,365				2,599,863			
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	199,360,309	113,517,081	83,243,365				2,599,863			
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17. Amount Paid for Provision of Health Care Services	172,104,601	105,204,437	64,813,505				2,086,659			
18. Amount Incurred for Provision of Health Care Services	162,251,681	95,833,494	64,356,287				2,061,900			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999)

SCHEDULE S - PART 2
Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0699999 Subtotal - Life and Annuity - Affiliates - Non-U.S. - Total .....					.....	.....
0799999 Total - Life and Annuity - Affiliates .....					.....	.....
1199999 Total - Life and Annuity .....					.....	.....
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total .....					.....	.....
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....					.....	.....
1899999 Total - Accident and Health - Affiliates .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
00000	AA-9990032 ...	01/01/2014	US Dept of Hlth & Human Serv .....	..... DC	1,007,708	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					1,007,708	.....
2199999 Total - Accident and Health - Non-Affiliates					1,007,708	.....
2299999 Total - Accident and Health					1,007,708	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,007,708	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					.....	.....
9999999 Total (Sum of 1199999 and 2299999)					1,007,708	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total													
0799999 Total - General Account - Authorized - Affiliates													
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2017	PARTNERRE AMER INS CO	DE	SSL/L/G	CMM	1,054,836						
11835	04-1590940	01/01/2017	PARTNERRE AMER INS CO	DE	SSL/L/I	CMM	725,789						
						0							
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,780,625						
1099999 Total - General Account - Authorized - Non-Affiliates							1,780,625						
1199999 Total - General Account Authorized							1,780,625						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							1,780,625						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4099999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5199999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,780,625						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							1,780,625						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums	1,781	3,154	3,886	3,959	1,447
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	1,008	6,195	15,069	3,660	746
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	69,716,896		69,716,896
2. Accident and health premiums due and unpaid (Line 15)	2,011,316		2,011,316
3. Amounts recoverable from reinsurers (Line 16.1)	1,007,708		1,007,708
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	2,629,233		2,629,233
6. TOTAL Assets (Line 28)	75,365,153		75,365,153
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	18,924,844		18,924,844
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	2,214,637		2,214,637
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	10,652,655		10,652,655
15. TOTAL Liabilities (Line 24)	31,792,136		31,792,136
16. TOTAL Capital and Surplus (Line 33)	43,573,017	X X X	43,573,017
17. TOTAL Liabilities, Capital and Surplus (Line 34)	75,365,153		75,365,153
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only							
		1	2	3	4	5	6
	States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CAN)						
58.	Aggregate other alien (OT)						
59.	TOTALS						

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4807	Catholic Health Initiatives	95448	71-0794605	.....	.....	.....	QCA Health Plan, Inc. ....	.. AR .	... RE ...	QualChoice Health Plan Services	Ownership .....	..... 100.0	Catholic Health Initiatives ....	.... N ....	.....
4807	Catholic Health Initiatives	70998	71-0386640	.....	.....	.....	QualChoice Life and Health Insurance Company ,Inc. ....	.. AR .	... RE ...	QualChoice Health Plan Services	Ownership .....	..... 100.0	Catholic Health Initiatives ....	.... N ....	.....
4807	Catholic Health Initiatives	12909	42-1720801	.....	.....	.....	Soundpath Health, Inc. ....	.. WA .	... IA ...	QualChoice Health Plan Services	Ownership .....	..... 100.0	Catholic Health Initiatives ....	.... N ....	.....
4807	Catholic Health Initiatives	15493	46-4495960	.....	.....	.....	ClearRiver Health .....	.. TN .	... IA ...	QualChoice Health Plan Services	Ownership .....	..... 100.0	Catholic Health Initiatives ....	.... N ....	.....
4807	Catholic Health Initiatives	15488	46-4368223	.....	.....	.....	Heartland Plains Health .....	.. NE .	... IA ...	QualChoice Health Plan Services	Ownership .....	..... 100.0	Catholic Health Initiatives ....	.... N ....	.....
4807	Catholic Health Initiatives	15499	46-4380824	.....	.....	.....	RiverLink Health .....	.. OH .	... IA ...	QualChoice Health Plan Services	Ownership .....	..... 100.0	Catholic Health Initiatives ....	.... N ....	.....
4807	Catholic Health Initiatives	15486	46-4828332	.....	.....	.....	RiverLink Health of Kentucky, Inc. ....	.. KY .	... IA ...	QualChoice Health Plan Services	Ownership .....	..... 100.0	Catholic Health Initiatives ....	.... N ....	.....
4807	Catholic Health Initiatives	15487	46-4373713	.....	.....	.....	StableView Health .....	.. KY .	... IA ...	QualChoice Health Plan Services	Ownership .....	..... 100.0	Catholic Health Initiatives ....	.... N ....	.....
4807	Catholic Health Initiatives	15751	47-3433912	.....	.....	.....	QualChoice Advantage, Inc. ....	.. AR .	... IA ...	QualChoice Health Plan Services	Ownership .....	..... 100.0	Catholic Health Initiatives ....	.... N ....	.....
4807	Catholic Health Initiatives	15752	47-3451750	.....	.....	.....	Harvest Plains Health of Iowa .....	.. IA .	... IA ...	QualChoice Health Plan Services	Ownership .....	..... 100.0	Catholic Health Initiatives ....	.... N ....	.....

Asterisk	Explanation
0000001	.....

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 95448 ..	.. 71-0794605 ..	QCA HEALTH PLAN INC .....	.....	.....	.....	.....	.. (26,160,337)	.....	.....	.....	.. (26,160,337)	.....
... 0000 ...	.. 46-1224037 ..	QualChoice Health Plan Services .....	.....	.....	.....	.....	... 26,160,337	.....	.....	.....	... 26,160,337	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
 - 2. Will an actuarial opinion be filed by March 1? Yes
 - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
 - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
 - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
 - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
- AUGUST FILING
- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? Yes
 - 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
 - 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? No
 - 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
 - 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
- APRIL FILING
- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
 - 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
- AUGUST FILING
- 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanation:

- 11. The company has none
- 12. The company has none
- 13. The company has none
- 16. The company has none
- 20. The company has none
- 21. The company has none
- 22. 0
- 23. 0

Bar Code:

Medicare Supplement Insurance Experience Exhibit

[Barcode]

95448201736000000 2017 Document Code: 360

Health Life Supplement

[Barcode]

95448201720500000 2017 Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies

[Barcode]

95448201737100000 2017 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

[Barcode]

95448201737000000 2017 Document Code: 370

Medicare Part D Coverage Supplement

[Barcode]

95448201736500000 2017 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

[Barcode]

95448201722400000 2017 Document Code: 224

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Approval for Relief related to one-year cooling off period for inde. CPA



954482017225000002017Document Code: 225

Approval for Relief related to Require. for Audit Committees



954482017226000002017Document Code: 226

LTC Supplemental Interrogatories



954482017306000002017Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



954482017211000002017Document Code: 211

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
4704.	.....	.....	.....
4797.	Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....	.....	.....

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2	General Administrative Expenses	Investment Expenses	Total
		Cost Containment Expenses	Other Claim Adjustment Expenses			
2504.	Miscellaneous .....	.....	32,878	(566,673)	.....	(533,795)
2505.	LAE Expenses .....	.....	.....	(177,700)	.....	(177,700)
2506.	.....	.....	.....	.....	.....	.....
2597.	Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	32,878	(744,373)	(711,495)

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